

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180

Registered No. _____

Local Registrar no. 117

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township _____

or Village _____

City Globe

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Raquel Carrillo

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth 4-21-25
Month Day Year

5. No., in order of birth _____

8. _____

FATHER

Full name Modesto Carrillo

9. Residence

(Usual place of abode)

Deceased

If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Tucson

(State or country)

Arizona

13. Occupation

Nature of industry

Deceased

14. _____

MOTHER

Full maiden name Terressa Martinez

15. Residence

(Usual place of abode)

Globe

If non-resident, give place and state. Ariz.

16. Color or race

Mex

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Tucson

(State or country)

Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated
(Born alive or stillborn)

Signature _____

C. W. Adams

(Physician or midwife)

Address _____

Globe, Arizona

Filed Apr 28, 1925

W. J. Fort

Registrar

Given name added from a supplemental report

Month, day, year

Registrar

936-421-349